



Idaho State Independent Living Council

(for office use) Region _____

Category(ies): _____

SILC COUNCIL MEMBER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

Email: _____

MEMBER CATEGORY

- _____ Adult with a disability (27 and older)
- _____ Young adult with a disability (18 - 26)
- _____ Advocate
- _____ Service provider
- _____ Independent Living Center
- _____ State Agency Representative
- _____ Parent Interest

The Council is required to have at least 51% of its members to be a person with a disability. Do you have a disability?

Yes

No

If so, what is the disability (the information will remain confidential):

Do you have commitments or conflicts that might prevent you from attending quarterly Council meetings in Boise? NO YES If "YES", please explain:

My commitment level for working on MY disability related issues/concerns is:

- EXTREMELY HIGH HIGH AVERAGE LOW

My commitment level for working on OTHER issues affecting people with disabilities is:

- EXTREMELY HIGH HIGH AVERAGE LOW

Your answers to the following questions will not affect your application status

My comfort level for speaking in and before groups and making presentations is:

- EXTREMELY HIGH HIGH AVERAGE LOW

My comfort level for presenting information to state and local elected officials is:

- EXTREMELY HIGH HIGH AVERAGE LOW

What qualities and skills do you have that will contribute to the Council?

The Council would like its membership to represent diverse cultural groups.
Are you: (optional)

- Caucasian Hispanic
 African American Asian or Pacific Islander
 Native American Other

Please attach a resume so that the Council may learn about employment history, educational background, group affiliations, community involvement and interests.

Please return this form to:
Idaho State Independent Living Council
120 S Cole Rd, Boise Idaho 83709
Phone: 208-334-3800